



Virginia Joint Commission
on Health Care



Overview of 2008 JCHC Legislation and Proposed Studies

Kim Snead
Executive Director
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JCHC Members 2008

Senator George L. Barker	Delegate Clifford L. Athey, Jr.
Senator Harry B. Blevins	Delegate Robert H. Brink
Senator R. Edward Houck	Delegate David L. Bulova
Senator L. Louise Lucas	Delegate Benjamin L. Cline
Senator Ralph S. Northam	Delegate Franklin P. Hall
Senator Linda T. Puller	Delegate Phillip A. Hamilton
Senator Patricia S. Ticer	Delegate Kenneth R. Melvin
Senator William C. Wampler, Jr.	Delegate Harvey B. Morgan
	Delegate David A. Nutter
	Delegate John M. O'Bannon, III

The Honorable Marilyn B. Tavenner
Secretary of Health and Human Resources



Presentation Outline

- **Outcome of 2008 JCHC Legislation**
- Initial List of JCHC Studies for 2008



House Bill 1186/Senate Bill 380

Chief Patrons: *Delegate Melvin/Senator Martin*

- **Purpose:** To limit competency restoration to 45 days for individuals charged with a non-violent misdemeanor. (*Code of VA § 19.2-169.3*)
 - ▶ If an individual charged with a non-violent misdemeanor is not restored to competence within 45 days of initiating restoration services, the Court will be so informed. If the Court concurs, the dispositions of release, involuntary commitment, or certification for admission to a mental retardation training center will be available.
- **Final Action:** HB 1186 and SB 380, that were amended in slightly different ways, passed both chambers of the General Assembly and were approved by the Governor. HB 1186 was signed last so its provisions will become law and allow for limiting competency restoration to 45 days for individuals charged with the misdemeanors of disorderly conduct, larceny, or trespassing (other than “peeping”).
 - ▶ *2008 Acts of Assembly*, Chapters 796 and 406 respectively.



House Bill 480/Senate Bill 345

Chief Patrons: *Delegate Brink/Senator Blevins*

- **Purpose:** To move clarifying language from *Code* §§19.2-182.8 and 182.9 to § 19.2-182.7. (*Code of VA* §§ 19.2-182.7, 182.8, 182.9)
 - ▶ The language clarifies that individuals found not guilty by reason of insanity (NGRI) who are on conditional release may be voluntarily admitted to a State hospital without having their conditional release automatically revoked. The placement of the language in *Code* Sections addressing revocation of conditional release has proved to be confusing for some magistrates. HB 480 and SB 345 move the language to the *Code* Section which sets forth conditions for conditional release.
- **Final Action:** HB 480 was tabled in House Courts of Justice at the patron's request. SB 345 was passed unanimously by both chambers of the General Assembly and was approved by the Governor.
 - ▶ *2008 Acts of Assembly*, Chapter 810.



House Bill 1203/Senate Bill 381

Chief Patrons: *Delegate Melvin/Senator Martin*

- **Purpose:** To allow an individual with a misdemeanor conviction of assault (or assault and battery against a family or household member) to be assessed by a community service board (CSB) or a DMHMRSAS-licensed provider for possible employment in an adult mental health program. To qualify for the assessment, the misdemeanor offense would have to be substantially related to the individual's mental illness and the individual would have to be "successfully rehabilitated." (This type of assessment was provided in statute for individuals applying to work in adult substance abuse programs beginning in 2001.) (*Code of VA* §§ 37.2-416 and 506)
- **Final Action:** HB 1203 and SB 381 were amended (mistakenly) in slightly different ways. The HWI Committee voted to remove the provision allowing an individual with a conviction of assault and battery against a family member to be assessed for employment. While the provision was removed from *Code* § 37.2-506 (addressing employment by CSBs), the provision was not removed from *Code* § 37.2-416 (addressing employment by DMHMRSAS-licensed providers) in SB 381. HB 1203 and SB 381 were passed by both chambers of the General Assembly and were approved by the Governor.
 - ▶ SB 381 was signed last so its provisions will become law; however, the statutory wording should have no negative impact. Nevertheless, a bill will be introduced next year to remove the unintended language.
 - ▶ *2008 Acts of Assembly*, Chapters 383 and 407 respectively.



House Bill 479/Senate Bill 344

Chief Patrons: *Delegate Hamilton/Senator Blevins*

- **Purpose:** To require the Board of Health to develop a Stroke Triage Plan as a component of the Commonwealth's emergency medical services plan. (*Code of VA § 32.1-111.3*)
 - ▶ It is crucial to provide appropriate care as soon as possible to someone who is having a stroke. The Stroke Triage Plan will "promote rapid access for stroke patients to appropriate, organized stroke care through the publication and regular updating of information on resources for stroke care and generally accepted criteria for stroke triage and appropriate transfer."
- **Final Action:** HB 479 and SB 344 were passed by both chambers of the General Assembly and were approved by the Governor.
 - ▶ *2008 Acts of Assembly*, Chapters 66 and 567 respectively.



JCHC Budget Amendments Included in Approved Budget (2008-2010 Biennium)

- JCHC introduced a budget amendment to fund an additional 500 mental health waiver slots per year (for a total of 1,000 additional slots)
 - ▶ Department of Medical Assistance Services – Items 306 #19h and 306 #8s
 - \$10.3 million GF, \$10.3 million NGF in FY 2009
 - \$20.6 million GF, \$20.6 million NGF in FY 2010
- The approved budget includes funding to phase in a total of 600 additional waiver slots
 - ▶ Department of Medical Assistance Services Item 306 #7c
 - \$9.38 million GF, \$9.38 million NGF in FY 2009 and 2 FTEs
 - \$12.6 million GF, \$12.6 million NGF in FY 2010 and 3 FTEs
 - ▶ Department of Mental Health, Mental Retardation and Substance Abuse Services Item 316 #1c (start-up funding)
 - \$1.6 million GF in FY 2009
 - \$800,000 GF in FY 2010



JCHC Budget Amendments that Were Not Included in Approved Budget

- Language requesting the Secretary to “develop and report on an Implementation Plan to determine the State agency that should be the lead agency responsible for serving individuals with autistic spectrum disorders (including whether the agency should serve individuals with any or all developmental disabilities).”
 - ▶ Secretary of Health and Human Resources – Items 282 #2h and 282 #3s
 - ▶ Requested by Letter from JCHC Chairman
- Fund outpatient restoration for adults – *Code of VA*, Title 19.2, Chapter 11 requires competency restoration to be provided on an outpatient basis unless inpatient treatment is required, but no funding is provided for restoration of adults. JCHC study found that the lack of funding results in mentally ill adults remaining in jails longer awaiting restoration services, particularly since the number of restoration orders received by CSBs has increased significantly in recent years.
 - ▶ Department of Mental Health, Mental Retardation and Substance Abuse Services – Items 316 #10h and 316 #13s
 - \$410,000 GF in each year of the biennium



JCHC Budget Amendments that Were Not Included in Approved Budget

- Fund service expansion at the Richard Dart ALS (amyotrophic lateral sclerosis) Clinic at UVA. ALS (commonly known as Lou Gehrig’s Disease) is a “progressive, always fatal, neurodegenerative disease” that becomes very expensive for patients and their families as the disease progresses. The ALS Association of DC/MD/VA is the primary service provider for patients and families in Virginia. In addition, some ALS services are provided through the Richard Dart ALS Clinic.
 - ▶ University of Virginia – Items 201 #1h and 201 #1s
 - \$410,000 GF in each year of the biennium
- Fund services for approximately 80 additional families to benefit from the Respite Care Initiative
 - ▶ Department for the Aging – Items 284 #8h and 284 #1s
 - \$200,000 GF in each year of the biennium



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JCHC Staff Studies for 2008

Studies Requested During 2008 Session

- Study of “alternatives to traditional long-term care facilities, including intentional communities of clustered homes.”
 - ▶ HJR 69 (Delegate Plum) by letter from Delegate Hamilton
- Study of “support services for family caregivers of the frail elderly and disabled and community-based caregiver support organizations.”
 - ▶ SJR 102 (Senator Stosch)/HJR 238 (Delegate Shannon)
- Study on “the use of disclosure, apologies, alternative dispute resolution, and other measures in the case of medical errors and adverse medical outcomes and the impact of such measures on the cost and quality of care, patient confidence, and the medical malpractice system.”
 - ▶ HJR 101 (Delegate O’Bannon) by letter from Delegate O’Bannon



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JCHC Staff Studies for 2008

Studies Requested During 2008 Session (continued)

- Study of “the mental health needs and treatment of minority young adults in the Commonwealth.” (Continuation of previous study.)
 - ▶ SJR 46 (Senator Marsh)
- Review of “the impact of certain recommendations and legislation on the mental health system in the Commonwealth.”
 - ▶ SJR 42 (Senator Lucas)
- Study on the “availability of psychiatrists in Virginia, their role in emergency custody orders (ECOs), temporary detention orders (TDOs), and involuntary commitment hearings, and methods to increase the recruitment and retention of psychiatrists including, but not limited to, the expansion of financial incentives, scholarships, and fellowships at the Commonwealth’s schools of psychiatry.”
 - ▶ Budget Item 316-2s by request of Delegate Hamilton and Senator Houck₁₃



JCHC Staff Studies for 2008

Studies Approved Based on JCHC Decision Matrix

- Continuation of 2006-07 JCHC study on health care costs (SJR 4 in 2006 – Senator Reynolds)
 - ▶ Review advisability of: i) establishing a Virginia health insurance exchange targeted for small businesses, ii) increasing employer adoption of Section 125 plans, and iii) any other health insurance issues as deemed appropriate.
- Continuation and expansion of 2006-07 JCHC study on shortage of geriatricians in Virginia
 - ▶ Initiate two-year study of Virginia’s pipeline for the education of physicians.



Potential Meeting Schedule for 2008

Month	Morning Meeting	Afternoon Meeting
June or July	Work plan/Discussions: JCHC BHC Subcommittee LTC/MedR Subcommittee	BHC Subcommittee Update on 2008 legislation related to Mental Health Reform Report on work of the Supreme Court's Commission on Mental Health Law Reform
August	LTC/MedR Subcommittee	BHC Subcommittee
September	JCHC	LTC/MedR Subcommittee
October	JCHC	BHC Subcommittee
November	Decision Matrix Discussions: JCHC BHC Subcommittee LTC/MedR Subcommittee	No meeting



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